

Caregiver CHANGE REQUEST FORM

NOTICE TO MEMBER AND CAREGIVER: AmeriCorps CARE requires that Members and Caregivers notify us fifteen (15) days prior to ending child care services, regardless of who initiates the termination. In cases of emergency, please contact AmeriCorps CARE immediately. For assistance in completing this form, please call: 1-800-570-4543.

***REIMBURSEMENT TO THE NEW CAREGIVER IS NOT RETROACTIVE*:** REIMBURSEMENTS WILL BEGIN ONCE AmeriCorps CARE RECEIVES, APPROVES, AND PROCESSES ALL REQUIRED FORMS AND SUPPORTING DOCUMENTS. THIS INCLUDES CONFIRMING NEW CAREGIVER IS LEGAL IN YOUR STATE, NEGOTIATING RATES, AND FINALIZING REIMBURSEMENTS TO THE FORMER CAREGIVER.

!!! IF NEW CAREGIVER IS NOT LEGAL IN YOUR STATE, YOU (THE MEMBER) ARE RESPONSIBLE FOR CHILDCARE FEES INCURRED UNTIL YOU SECURE A LEGAL CAREGIVER.

IMPORTANT: The CAREGIVER INFORMATION & REGISTRATION FORM must be attached to this form.

DATE: (do not leave blank) _____

MEMBER INFORMATION:

AmeriCorps PROGRAM NAME:

Soc. Sec. Number: _____

Name: _____

Member's Work Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

☐ Check If New Address/Phone Number

Change of Caregiver applies to following child (ren):

Child (ren)'s Name:

Date of Birth

Social Security Number:

FORMER CAREGIVER INFORMATION

NEW CAREGIVER INFORMATION

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

City: _____ State: _____ Zip Code: _____

LAST DAY OF CARE: _____

FIRST DAY OF CARE: _____

Mail to:
AmeriCorps CARE, C/O NACCRRRA
1319 F Street, NW Suite 810
Washington, DC 20004

****DO NOT USE CORRECTION FLUID. WILL DELAY PROCESSING****